

REQUEST TO INSPECT/REVIEW RECORDS

To: Record Custodian

Date Requested: _____ Appointment Time Scheduled _____

I wish to inspect and review my educational record. I understand Colorado Mesa University has 45 days to comply with this request.

Print Last Name First Name Student ID Number

Address City State Zip Phone Number

Are there any specific items of your educational record you are requesting to review? If so, please explain?

Signature Date

Electronic signatures are not accepted. This form must be printed and signed or emailed from your Colorado Mesa University email account.



_____ I have reviewed and inspected the contents of my educational record and I am satisfied with the accuracy of my record.

_____ I have reviewed and inspected the contents of my educational record and I am not satisfied with the accuracy of my record for the following reason(s):

Signature: _____ Date: _____

Electronic signatures are not accepted. This form must be printed and signed or emailed from your Colorado Mesa University email account.

OFFICE USE ONLY

Approved by: _____ Date Inspection/Review Granted: _____

Official Supervising Review: _____ Date: _____

Date Received: